

MULTISTATE POWER OF ATTORNEY FORM – ADDENDUM B

Additional Representative(s)/Appointee(s) *List any additional representative(s)/appointee(s).*

Additional Representative *Check this box to send copies of notices to this representative.*

Name:	Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:	
Address (suite, room, PO Box, or PMB no.):	Telephone Number:	Fax Number:
City:	State:	Zip Code:
Email address:		

Additional Representative *Check this box to send copies of notices to this representative.*

Name:	Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:	
Address (suite, room, PO Box, or PMB no.):	Telephone Number:	Fax Number:
City:	State:	Zip Code:
Email address:		

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